



**Iowa Marketplace Choice Quarterly Report
1115 Demonstration Waiver
October 1, 2014 – December 31, 2014**

January 30, 2014

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I. EXECUTIVE SUMMARY

In December 2013, CMS approved the Iowa Health and Wellness Plan (IHAWP) as the state's approach to expand Medicaid under the Patient Protection and Affordable Care Act (ACA). The IHAWP is comprised of two distinct 1115 waiver programs. Individuals are eligible for a program based on standing relative to the Federal Poverty Level (FPL):

1. The Iowa Wellness Plan (IWP) – Covers individuals ages 19 through 64 with income up to and including 100 percent of the FPL. In this plan, coverage is administered directly through the state Medicaid agency, the Iowa Medicaid Enterprise (IME).
2. The Iowa Marketplace Choice Plan (MPC) – Also covers ages 19 through 64, but with income from 101 percent of the FPL up to 133 percent of the FPL. This plan employs premium assistance to purchase qualified health plans (QHP) from the Healthcare Marketplace established under the ACA. The current QHPs are Coventry Health Plan (Coventry) and CoOpportunity Health (CoOpportunity).

The IME continued to work closely with CMS for technical assistance and guidance on meeting requirements of the Special Terms and Conditions (STCs) for both plans. Despite ongoing challenges with administering a new program, the state accomplished several key activities in the fourth quarter of operation including:

- Amendments to the IWP and MPC demonstrations, effective December 30, 2014;
- Progress on statewide implementation of the Department of Corrections enrollment process for offenders;
- IHAWP administrative rule modifications;
- Finalization of the IHAWP premium payment system to allow premium processing beginning 2015;
- Enhancements to monitoring access and NCQA standards; and
- Outreach to members and other community stakeholders to assist with IHAWP program awareness and education.

Following this letter is a detailed report of key activities and statistics for the fourth quarter of the program's operation consistent with the STCs. Do not hesitate to contact me at 515-256-4644 or jlovela@dhs.state.ia.us, or Deanna Jones at 515-256-4652 or djones1@dhs.state.ia.us should you have any questions about this report or any other aspects of the new programs.

Sincerely,

Julie Lovelady
Interim Director
Iowa Medicaid Enterprise

II. SIGNIFICANT ACTIVITIES OF THE QUARTER

1. Transition and Implementation Activities

A. Transition Activities

In the fall 2013, the Iowa Medicaid Enterprise (IME) implemented the Department of Human Services (DHS) Contact Center to support the IHAWP enrollment and related ACA implementation inquiries. During fourth quarter, the center continued to respond to questions from state staff, such as field workers, and provided external customer support including enrollment applications and inquiries related to new and existing programs. The Contact Center experienced an increase in customer calls due to a high volume of questions about the Health Insurance Marketplace open enrollment period and Iowa Health and Wellness Plan renewals.

The Contact Center also experienced an increase in calls from certified Iowa Medicaid providers for assistance with the Medicaid Presumptive Eligibility Portal (MPEP). MPEP support includes technical assistance with processing presumptive applications and assistance with policy questions.

B. Member Engagement

Members continue to receive educational information about the Iowa Health and Wellness Plan through their initial welcome and enrollment packets. The packets contain information on the program, and information on available primary care providers, or health plans based on the program for which the member is eligible. Additional information on the Healthy Behaviors program has been created and placed in the enrollment packets.

Throughout the fourth quarter of 2014, members received several customized mailings regarding Healthy Behaviors. In October 2014, all members who will be asked to make a contribution payment received mailings promoting healthy behaviors. The mailing was customized based on which activities the member had or had not completed with language strongly encouraging the member to complete remaining activities. An additional customized mailing was sent in December, also promoting the program and activities.

In the last quarter of the year, members were also encouraged to renew their Medicaid coverage. Iowa Medicaid collaborated with enrollment assisters throughout the state to promote timely renewals. A member fact sheet was created, as well as an enrollment assister fact sheet to better explain the process and its importance. See links to access this information below.

Member Renewal Fact Sheet:

<http://dhs.iowa.gov/sites/default/files/MedicaidRenewalMemberFactSheet.pdf>

Enrollment Assister Fact Sheet:

http://dhs.iowa.gov/sites/default/files/MedicaidRenewalFactSheet_EnrollmentAssisters.pdf

C. Provider Engagement

Throughout the fourth quarter, many community partners and provider associations requested informational meetings, panels, and presentations about the Iowa Health and Wellness Plan. Provider Services Outreach met with the following associations:

- a. Iowa Medical Society
- b. Primary Care Association
- c. Iowa Medical Group Management Association
- d. Healthcare Financial Management Association

2. Stakeholder Concerns

During the fourth quarter of 2014, minimal concerns were received from stakeholders. After almost a year of program implementation, stakeholders are focusing on minor concerns, and becoming familiar with program guidelines and policies.

Several providers have expressed concerns over the criteria of the wellness exam component of the Healthy Behaviors Program. Providers requested consideration to include a full set of codes in the definition of the exam. The IME responded to providers' feedback and made appropriate policy modifications to address their concerns.

Additionally, some stakeholders expressed concerns about the member coverage renewal process and assurance that members understood their responsibility to renew Medicaid coverage on an annual basis. The IME conducted extensive stakeholder, provider, and community advocate outreach to ensure entities that support members understood the process. Iowa Medicaid also created tips and a fact sheet for members to help them understand the renewal process and necessary steps to continue coverage.

3. Significant Events

On October 17, 2014, the DHS announced that CoOpportunity would be withdrawing from the IHAWP as of November 30, 2014. The state arranged for CoOpportunity's 9,700 members to have a choice of receiving coverage through the remaining QHP, Coventry, or the IWP. Public notice was given and both ABP State Plan Amendments were amended. The state worked closely with CMS on this process to ensure members continued to have access to care. For more information on this change, see Attachments 1 and 2.

4. Legislative Developments

The Iowa Health and Wellness plan administrative rules package continued to move through the formal adoption process during the fourth quarter. The administrative rules were published in the Iowa Administrative Bulletin and Code and received final review by the Administrative Rules Review Committee. The changes have an effective date of January 1, 2015 and can be reviewed at:

<https://www.legis.iowa.gov/law/administrativeRules/rules?agency=441&chapter=74&pubDate=01-07-2015>

III. ELIGIBILITY/ENROLLMENT

1. Quarterly Enrollment

Over the fourth quarter, the overall IHAWP population increased by 5 percent for an ending total of 121,257. The MPC component (members with income 101 to 133 percent of the FPL) increased over the quarter by 13 percent with an ending total of 29,979. At the end of December, enrollment for Coventry totaled 10,692; as of December 1, 2014, CoOpportunity enrollment ceased. The remaining MPC members were awaiting assignments to Coventry or enrolled in the IWP.

Monthly enrollment totals for the IHAWP are shown below.

Plan/Coverage Group	October	November	December
Marketplace Choice	27,347	28,468	29,979
Wellness	88,139	88,406	90,424
Presumptive IHAWP*	826	804	854
Total	116,312	117,678	121,257

*Presumptive IHAWP – Members are defaulted to the Wellness Plan until plan/provider assignments are established.

MPC enrollment totals by county can be found at:

http://dhs.iowa.gov/sites/default/files/IHAWPEnrollment%20Maps_June2014.pdf

Additional enrollment information by demographic components will be provided in future quarterly reports when available.

2. Targeted Populations

The state identifies specific population groups enrolled in the IHAWP to ensure their health care needs are met in accordance with the STCs. These groups consist of: (1) Nineteen and twenty year-olds, (2) American Indian/Alaskan Natives, and (3) the medically exempt (“frail”). At the end of fourth quarter, the total population for these groups was 2,709. MPC enrollment for these groups is provided in the chart below.

Population Group	October	November	December
19-20 Year-old	982	930	799
American Indian/Alaskan Native	259	274	253
Medically Exempt	1,613	1,699	1,657
Total	2,854	2,903	2,709

A. Nineteen/Twenty Year-olds

The IME conducts outreach to members and providers to ensure they are aware that all EPSDT services are covered for members under age 21; this is done under a contract with the Iowa Department of Public Health (IDPH), as with other Medicaid groups. All members in the IHAWP receive information about coverage for EPSDT services in their enrollment packets. At the end of December, members in this age group totaled 799.

B. American Indian/Alaskan Natives

The amendment package approved by CMS on December 30, 2014, included changes to the STCs on the Option for American Indian/Alaskan Natives (AI/AN):

Individuals identified as AI/AN in the MPC will not be required to enroll in QHPs, but can choose to opt into the MPC. AI/AN individuals who elect to participate in the MPC will be enrolled in the plan they select. If no choice is made, these individuals will receive coverage in a fee for service system.

At the end of December 2014, there were 253 members of the AI/AN population eligible for the MPC.

C. Medically Exempt

MPC members identified as medically exempt (frail) as defined by 42 CFR 440.315, totaled 1,657 at the end of December 2014. Exempt members will be enrolled in the Medicaid state plan and have the option to change coverage to the Alternative Benefit Plan known as the IWP. As of December 30, 2014, no members identified as medically exempt elected to enroll in the IWP. The state's methodologies for identifying these individuals are described below.

▪ Self-attestation

Members who enroll through the regular application process will receive a survey to self-attest their medical conditions/status if they provided affirmative answers to either of two questions on the single-streamlined application regarding: (1) receipt of Social Security income (2) and/or having a physical, mental, or emotional health condition that causes limitations in activities of daily living.

A notice accompanies the survey explaining completion of the survey is voluntary and that a member's benefit plan may change as a result of their survey responses. The resulting survey score is based on a weighted algorithm that determines whether the member meets the criteria of an exempt individual. Members will remain in their assigned plan (IWP or MPC) if the completed survey is not returned. The IME's Member Services Unit is available to assist members with any questions about the medically exempt process.

- **Provider Referrals**

The IME has also created a referral form to be used by providers or other entities that have a relationship with the member. The form is comprised of questions designed to assist with the process of medically exempt determinations. Completed forms are returned to the IME for review to determine if the member qualifies for medically exempt status.

IV. ACCESS/DELIVERY

1. Network Adequacy

Access/Delivery – Members in the MPC had access to a state-wide provider network when selecting a Qualified Health Provider (QHP) prior CoOpportunity's withdrawal from the MPC network. See Attachment 3 to view maps network coverage as of December 1, 2014, by provider type and county available for each QHP.

2. Service Delivery

Federally Qualified Health Centers and Rural Health Clinics – See Attachment 4 for wrap payments made to these providers between April and June of 2014.

V. COMPLAINTS/GRIEVANCES/APPEALS

1. Complaints/Grievances

IHAWP members have access to IME's Member Services Call Center to express their questions or concerns about the program. During fourth quarter, the IME received a low number of complaints with the majority consisting of basic questions about MPC benefits. Call Center representatives were able to resolve all issues with members during the calls. A summary of these complaints is provided below.

Complaint Type	October	November	December
Benefits and Services	6	2	12
Access	2	1	1
Substance Abuse/Mental Health Access	0	0	0
Quality of Care	0	0	0
Medical Provider Network	1	2	1
Premiums and Cost Sharing	1	0	0
Healthy Behaviors	0	0	0
Non-emergency Medical Transportation	0	0	0
EPSDT Services	0	0	0

2. Appeals/Exceptions

Neither QHP reported any complaints or appeals during this quarter. The IME and the QHPs did, however, receive numerous questions about the impact of CoOpportunity's withdrawal from the Marketplace Choice Plan. In addition to the public notice described above, the IME also sent members an informative letter and posted an FAQ online. See the section entitled, Marketplace Choice Plan Changes, in the following link to review these documents:

<http://dhs.iowa.gov/ime/about/iowa-health-and-wellness-plan>

VI. Budget Neutrality/Fiscal Issues

During fourth quarter, the state did not encounter any financial issues related to the IWP. See Attachment 5 for the actual number of member months for the IHAWP as of December 31, 2014.

VII. Future Planning

1. Dental Wellness Plan Implementation

On May 1, 2014, the state, in conjunction with Delta Dental of Iowa, implemented the Delta Wellness Plan (DWP) to provide dental coverage for IHAWP members under a prepaid ambulatory health plan structure. See Attachment 6 for a status report of the DWP as of December 18, 2014.

2. Healthy Behaviors Program

During fourth quarter, the state worked on finalizing Healthy Behaviors Incentives Standards and Premium Monitoring Protocols in year 2 or subsequent years in accordance with the STCs. In the third quarter, the state released an RFP to secure a contractor for assistance with implementation of the healthy behaviors rewards program. However in December 2014, the state requested to CMS to postpone the implementation of the rewards component to allow additional time for research and development. Subsequently, the state proposed amendments to the IWP and the MPC demonstrations that provided time for additional research during calendar year 2015. The state is required to submit to CMS an additional Protocols document with the developed program design. On December 30, 2014, CMS approved these amendments and released revised STCs that can be accessed at:

http://dhs.iowa.gov/sites/default/files/WellnessAmendment_CMSApprovedSTCs_123014.pdf

3. Non-Emergency Medical Transportation

The STCs of the original IWP and MPC demonstrations required non-emergency medical transportation to sunset on December 31, 2014, with an extension possible based on an evaluation of the impact on access to care. During fourth quarter the state requested an amendment to this requirement because adequate data were not available to conduct a full evaluation within the allowed time period. On December 30, 2014, CMS approved the state's proposed amendment to extend the NEMT waiver through July 31, 2015, and allow the state additional time to present further data by May 31, 2015. The revised STCs were part of an approval package that included changes to the healthy behaviors component.

4. Evaluation Design

During fourth quarter, the state and PPC received further guidance from CMS on the Healthy Behaviors Evaluation Design addendum to assist with finalization of the first draft, which is due January 31, 2015. CMS approved a deferment of the full healthy behaviors plan development to align with the extension for the implementation of the healthy rewards component. The first draft will focus on the impact of premiums on access as well as the impacts of the annual exams and clinical risk assessments.

5. Department of Corrections Enrollment Process

The DHS has partnered with the Department of Corrections (DOC) to streamline the enrollment process for offenders who transition from prison to the community. The new process is being piloted in several of the state correctional facilities to ensure that an offender eligible for Medicaid benefits has access to coverage at the time of their release. This initiative aims to connect offenders to necessary health care, including mental health services to assist with reducing the recidivism rate. To date, the pilot process has been successful for many offenders.

In the fourth quarter of 2014, extensive enrollment training was conducted with the DOC to prepare their staff to effectively assist offenders in the enrollment process. One additional facility was added to the pilot, this brings the total to 10 participating facilities; 3 facilities are slated to be added in early 2015. Several hundred offenders were enrolled in Medicaid coverage upon release and approximately 33 percent of these enrollees were determined to be medically exempt.

VIII. Additional Information

Please contact Deanna Jones at 515-256-4652 or djones1@dhs.state.ia.us, if there are any other materials or suggestions CMS would like to see for MPC related activities during the fourth quarter 2014 or future quarterly reports.

Attachments

1. Public Notice – CoOpportunity Withdrawal from MPC
2. Press Release - CoOpportunity Withdrawal from MPC
3. IHAWP Network Access Maps as of 12/1/14
4. MPC Wrap Payment for Quarters 1 – 3
5. Financial Reporting - IHAWP Member Months
6. Dental Wellness Plan Status Report